

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 1  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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This file summarizes current health insurance information for each person who completed an interview.

RIC	1	2					C Record Identification Code
VERSION	3	1					C Version Number
BASEID	4	8	\$BSIDFMT				C Unique SP Identification Number

16,461 LOW-HIGH BASEID Count

INTERVU	12	1	\$INTRFMT				C Type of interview
				15,246			C Community
				1,215			F Facility

D_MCARE	13	1	MEDCOVG				N Medicare coverage
				7			0 No entitlement
				536			1 Part A only
				145			2 Part B only
				15,773			3 Both A and B

NOTES: See D\_SUMINS in prior years for similar data.  
First available in 2000

D_MCRHMO	14	1	SOURCE				N Source of Medicare HMO enrollment status
				13,510			0 No entitlement
				459			1 Survey data only
				165			2 CMS administrative data only
				2,327			3 Both survey and administrative data

D_PRIVAT	15	1	PHIPLCY				N Private insurance coverage
				7,122			0 No entitlement
				4,367			1 Employer-sponsored insurance (ESI)
				3,920			2 Self-purchased
				638			3 Both ESI and self-purchased
				414			4 Unknown

NOTES: See D\_SUMINS in prior years for similar data.  
First available in 2000

D_PUBLIC	16	1	POLICIES			HI11	N Public health coverage
				15,468			0 None
				993			1-9 One or more

NOTES: See D\_SUMINS in prior years for similar data.  
First available in 2000

D_MCAID	17	1	SOURCE				N Medicaid eligibility
				13,002			0 No entitlement
				499			1 Survey data only
				418			2 CMS administrative data only
				2,542			3 Both survey and administrative data

NOTES: See D\_SUMINS in prior years for similar data.  
First available in 2000

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 2  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MCAIDHMO	18	3	YES1FMT				N Was SP enrolled in a Medicaid HMO?
				13,389			. Inapplicable
				6			-9 Not ascertained
				124			-8 Don't know
				362			1 Yes
				2,580			2 No
NOTES: Applies only if D_MCAID = 1 or 3 First available in 1998							
CHOICHMO	21	3	CHOICFMT				N SP given choice to enroll in Mcaid HMO?
				16,150			. Inapplicable
				3			-9 Not ascertained
				1			-8 Don't know
				71			1 SP had choice
				183			2 SP had no choice
				53			3 SP does not remember if he/she had choic
NOTES: Applies only if INTERVU = C and MCAIDHMO = 1 First available in 1998							
PUBRXCOV	24	3	YES1FMT				N Does SPs public plan cover prescrib meds
				15,588			. Inapplicable
				1			-9 Not ascertained
				7			-8 Don't know
				1			-7 Refused
				740			1 Yes
				124			2 No
NOTES: Applies only if INTERVU = C and D_PUBLIC > 0 First available in 1999							
MCDRXCOV	27	3	YES1FMT				N Does SPs Mcaid plan cover prescrib meds
				14,195			. Inapplicable
				4			-9 Not ascertained
				21			-8 Don't know
				1,978			1 Yes
				263			2 No
NOTES: Applies only if INTERVU = C and D_MCAID = 1 or 3 First available in 1999							
D_HMOTYP	30	2	\$PLNFMT				C Type of Medicare HMO
				13,969			No enrollment
				55			01 Health care prepayment plan
				100			02 Cost HMO
				2,337			06 Risk HMO
D_HMOCOV	32	2	COVFMT				N SP covered by Medicare HMO at anytime?
				13,574			0 No enrollment
				2,887			1 Some enrollment

2001

## Health Insurance

Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_HMOCUR	34	2	CURFMT	2,786 13,675			N Is SP currently covered by Mcare HMO?  1 Currently enrolled 2 Not currently enrolled
MHMORX	36	2	YES1FMT	13,675 1 41 2,210 534			N Does Medicare HMO plan cover drugs?  . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No
NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMODENT	38	2	YES1FMT	13,675 1 126 1 880 1,778			N Does Medicare HMO plan cover dental?  . Inapplicable -9 Not ascertained -8 Don't know -7 Refused 1 Yes 2 No
NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMOEYE	40	2	YES1FMT	13,675 1 133 1 1,957 694			N Does Medicare HMO plan cover eye exams?  . Inapplicable -9 Not ascertained -8 Don't know -7 Refused 1 Yes 2 No
NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMOPCAR	42	2	YES1FMT	13,675 1 83 2,559 143			N Does Mcare HMO plan cover preventiv care  . Inapplicable -9 Not ascertained -8 Don't know 1 Yes 2 No
NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							
MHMONH	44	2	YES1FMT	13,675 1 715 1 347 1,722			N Does Mcare HMO plan cover nursing home?  . Inapplicable -9 Not ascertained -8 Don't know -7 Refused 1 Yes 2 No
NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3							

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 4  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
MHMOPAY	46	2	YES1FMT				N Does SP pay additional for HMO coverage?
				13,675			. Inapplicable
				2			-9 Not ascertained
				33			-8 Don't know
				1,574			1 Yes
				1,177			2 No
							NOTE: Applies only if INTERVU = C and D_MCRHMO = 1 or 3
MHMOCOST	48	3	YES1FMT				N Did anyone else pay portion of premium?
				14,887			. Inapplicable
				1			-9 Not ascertained
				13			-8 Don't know
				224			1 Yes
				1,336			2 No
							NOTES: Applies only if MHMOPAY = 1 First available in 1999
MHMOWHO	51	3	WHOFMT				N Who else pays a portion of the premium?
				16,237			. Inapplicable
				20			1 Main insured person's current employer
				113			2 Main insured person's former employer
				2			3 Main insured person's union
				33			4 Spouse's current employer
				53			5 Spouse's former employer
				0			6 Professional/fraternal organization
				1			7 Medicaid/medical assistance
				2			91 Other
							NOTES: Applies only if MHMOCOST = 1 First available in 1999
D_ANHMO	54	8	PREM_F				N Annual amnt paid for Mcare HMO coverage?
				14,887			. Inapplicable
				120			-8 Dont Know
				3			-7 Refused
				26		0-100	\$100 or less
				595		100.01-500	\$101-\$500
				474		500.01-1000	\$501-\$1000
				180		1000.01-1500	\$1001-\$1500
				72		1500.01-2000	\$1501-\$2000
				45		2000.01-2500	\$2001-\$2500
				15		2500.01-3000	\$2501-\$3000
				6		3000.01-3500	\$3001-\$3500
				14		3500.01-4000	\$3501-\$4000
				4		4000.01-4500	\$4001-\$4500
				8		4500.01-5000	\$4501-\$5000
				12		5000.01-99999	Over \$5000
							NOTES: Applies only if MHMOPAY = 1 First available in 1996

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 5  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_TYPPL1	62	2	PLANFMT	HI17			N Type of plan - Plan #1
				7,122			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				9,339			4 Private plan
				0			5 Medicare HMO

NOTE: Applies only if D\_PRIVAT is not equal to 0.

D_PHREL1	64	2	RELFMT				N Policy holder relationship - Plan #1
				7,484			. Inapplicable
				3			-9 Not ascertained
				0			-5 Never ask again
				7,453			1 Sample Person
				1,467			2 Spouse
				2			3 Son
				5			4 Daughter
				0			5 Brother
				0			6 Sister
				24			7 Father
				15			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				4			50 Partner/roommate
				1			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses' aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				3			92 Other non-relative

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVNM1	66	2	COVGFM1				N # of family members covered by Plan #1
				7,484			. Inapplicable
				5			-9 Not ascertained
				13			-8 Don't know
				1			-7 Refused
				8,958			1-15 Number reported covered

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_COVRX1	68	2	YES1FMT				N Plan #1 covers prescribed medicines?
				7,484			. Inapplicable
				4			-9 Not ascertained
				185			-8 Don't know
				1			-7 Refused
				4,730			1 Yes
				4,057			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 6  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_COVNH1	70	2	YES1FMT				N Plan #1 covers stay in nursing home?
				7,484			. Inapplicable
				5			-9 Not ascertained
				2,303			-8 Don't know
				4			-7 Refused
				1,978			1 Yes
				4,687			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_PAYSP1	72	2	YES1FMT				N MIP pay any/all cost for Plan #1
				7,484			. Inapplicable
				5			-9 Not ascertained
				92			-8 Don't know
				3			-7 Refused
				7,120			1 Yes
				1,757			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

D_ANAMT1	74	7	PREM_F				N Premium MIP pays for Plan #1-Annualized
				9,341			. Inapplicable
				6			-9 not Ascertained
				969			-8 Dont Know
				8			-7 Refused
				138	0-100	\$100 or less	
				657	100.01-500	\$101-\$500	
				777	500.01-1000	\$501-\$1000	
				1,576	1000.01-1500	\$1001-\$1500	
				1,267	1500.01-2000	\$1501-\$2000	
				646	2000.01-2500	\$2001-\$2500	
				418	2500.01-3000	\$2501-\$3000	
				227	3000.01-3500	\$3001-\$3500	
				182	3500.01-4000	\$3501-\$4000	
				66	4000.01-4500	\$4001-\$4500	
				69	4500.01-5000	\$4501-\$5000	
				114	5000.01-99999	Over \$5000	

NOTE: Applies only if D\_PAYSP1 = 1

D_HMOPL1	81	2	YES1FMT		HI25		N Is Plan #1 an HMO
				7,484			. Inapplicable
				17			-9 Not ascertained
				131			-8 Don't know
				1			-7 Refused
				550			1 Yes
				8,278			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 7  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP1	83	2	MIPFMT				N How did MIP get Plan #1
				7,484			. Inapplicable
				4			-9 Not ascertained
				57			-8 Don't know
				1			-7 Refused
				3,596			1 Directly
				690			2 Main insured person's current employer
				3,382			3 Main insured person's prior employer
				129			4 Union
				64			5 Family business
				458			6 AARP
				467			7 Deceased spouse's employer
				22			8 Deceased spouse's union
				58			9 Fraternal/professional organization
				49			91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL1 = 4

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 8  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS1	85	2	\$IND1COD				C Industry of employer - Plan #1
				7,484			Inapplicable
				2			-7 Refused
				1			-8 Don't know
				4,377			-9 Not ascertained
				0			A Agriculture, forestry, and fishing
				21			B Mining
				20			C Construction
				27			D Manufacturing
				6			E Transportation and public utilities
				0			F Wholesale trade
				12			G Retail trade
				1			H Finance, insurance, and real estate
				2			I Services
				410			J Public administration
				0			K Nonclassifiable establishments
				4			01 Agricultural production - crops
				9			02 Agricultural production - livestock
				6			07 Agricultural services
				12			08 Forestry
				0			09 Fishing, hunting, and trapping
				1			10 Metal mining
				29			12 Coal mining
				20			13 Oil and gas extraction
				4			14 Nonmetallic minerals, except fuels
				8			15 General building contractors
				15			16 Heavy construction, excluding building
				40			17 Special trade contractors
				79			20 Food and kindred products
				6			21 Tobacco products
				48			22 Textile mill products
				13			23 Apparel and other textile products
				10			24 Lumber and wood products
				16			25 Furniture and fixtures
				43			26 Paper and allied products
				31			27 Printing and publishing
				150			28 Chemicals and allied products
				90			29 Petroleum and coal products
				35			30 Rubber and misc. plastics products
				3			31 Leather and leather products
				25			32 Stone, clay, and glass products
				150			33 Primary metal industries
				62			34 Fabricated metal products
				102			35 Industrial machinery and equipment
				95			36 Electronic & other electric equipment
				321			37 Transportation equipment
				35			38 Instruments and related products
				3			39 Miscellaneous manufacturing industries
				47			40 Railroad transportation
				12			41 Local and interurban passenger transit
				22			42 Trucking and warehousing
				152			43 U.S. Postal Service
				6			44 Water transportation
				25			45 Transportation by air
				1			46 Pipelines, except natural gas
				2			47 Transportation services
				187			48 Communications
				119			49 Electric, gas, and sanitary services
				24			50 Wholesale trade - durable goods
				12			51 Wholesale trade - nondurable goods
				3			52 Building materials & garden supplies
				47			53 General merchandise stores
				35			54 Food stores



11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 9  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
							-----
				15			55 Automotive dealers & service stations
				4			56 Apparel and accessory stores
				4			57 Furniture and home furnishings stores
				18			58 Eating and drinking places
				8			59 Miscellaneous retail
				56			60 Depository institutions
				5			61 Nondepository institutions
				7			62 Security and commodity brokers
				112			63 Insurance carriers
				4			64 Insurance agents, brokers, and services
				11			65 Real estate
				0			67 Holding and other investment offices
				8			70 Hotels and other lodging places
				10			72 Personal services
				27			73 Business services
				10			75 Auto repair, services, and parking
				3			76 Miscellaneous repair services
				4			78 Motion pictures
				17			79 Amusement & recreation services
				180			80 Health services
				13			81 Legal services
				606			82 Educational services
				7			83 Social services
				2			84 Museums, botanical, zoological gardens
				86			86 Membership organizations
				82			87 Engineering & management services
				0			88 Private households
				0			89 Services, nec
				163			91 Executive, legislative, and general
				110			92 Justice, public order, and safety
				18			93 Finance, taxation, & monetary policy
				34			94 Administration of Human Resources
				19			95 Environmental quality and housing
				33			96 Administration of economic programs
				210			97 National security and inst. affairs
				53			99 Nonclassifiable establishments

NOTE: Applies only if D\_OBTNP1 = 2, 3, 5, or 8

D_PLLTR1	87	2	\$PLN1LTR				C Medicare suppl./Medigap plan letter #1
				12,343			Inapplicable
				1			-7 Refused
				122			-8 Don't know
				1,810			-9 Not ascertained
				63			A Plan A
				77			B Plan B
				245			C Plan C
				64			D Plan D
				28			E Plan E
				410			F Plan F
				40			G Plan G
				24			H Plan H
				24			I Plan I
				114			J Plan J
				1,050			99 SP reports plan does not have a letter
				46			Other plan letter

NOTES: Applies only if INTERVU = C, D\_TYPL1 = 4, and D\_OBTNP1 = 1, 5, or 6  
First available in 2000

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 10  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
----------	-----	-----	--------	-----------	----------	----------	-----------------------

D_TYPPL2	89	2	PLANFMT	HI17			N Type of plan - Plan #2
				14,568			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				1,893			4 Private plan
				0			5 Medicare HMO

NOTE: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 1 plan.

D_PHREL2	91	2	REL FMT				N Policy holder relationship - Plan #2
				14,594			. Inapplicable
				0			-5 Never ask again
				1,420			1 Sample Person
				439			2 Spouse
				1			3 Son
				1			4 Daughter
				0			5 Brother
				0			6 Sister
				2			7 Father
				2			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				2			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses' aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVNM2	93	2	COVG FMT				N # of family members covered by Plan #2
				14,594			. Inapplicable
				6			-9 Not ascertained
				4			-8 Don't know
				1			-7 Refused
				1,856			1-15 Number reported covered

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_COVRX2	95	2	YES1 FMT				N Plan #2 covers prescribed medicines?
				14,594			. Inapplicable
				1			-9 Not ascertained
				78			-8 Don't know
				1			-7 Refused
				659			1 Yes
				1,128			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNH2	97	2	YES1FMT				N Plan #2 covers stay in nursing home?
				14,594			. Inapplicable
				2			-9 Not ascertained
				162			-8 Don't know
				1			-7 Refused
				652			1 Yes
				1,050			2 No
				NOTE: Applies only if INTERVU = C and D_TYPPPL2 = 4			
D_PAYSP2	99	2	YES1FMT				N MIP pay any/all cost for Plan #2
				14,594			. Inapplicable
				4			-9 Not ascertained
				27			-8 Don't know
				1			-7 Refused
				1,315			1 Yes
				520			2 No
				NOTE: Applies only if INTERVU = C and D_TYPPPL2 = 4			
D_ANAMT2	101	7	PREM_F				N Premium MIP pays for Plan #2-Annualized
				15,146			. Inapplicable
				2			-9 not Ascertained
				229			-8 Dont Know
				1			-7 Refused
				118	0-100	\$100 or less	
				227	100.01-500	\$101-\$500	
				199	500.01-1000	\$501-\$1000	
				177	1000.01-1500	\$1001-\$1500	
				123	1500.01-2000	\$1501-\$2000	
				87	2000.01-2500	\$2001-\$2500	
				54	2500.01-3000	\$2501-\$3000	
				26	3000.01-3500	\$3001-\$3500	
				20	3500.01-4000	\$3501-\$4000	
				12	4000.01-4500	\$4001-\$4500	
				9	4500.01-5000	\$4501-\$5000	
				31	5000.01-99999	Over \$5000	
				NOTE: Applies only if D_PAYSP2 = 1			
D_HMOPL2	108	2	YES1FMT		HI25		N Is Plan #2 an HMO
				14,594			. Inapplicable
				13			-9 Not ascertained
				22			-8 Don't know
				55			1 Yes
				1,777			2 No
				NOTE: Applies only if INTERVU = C and D_TYPPPL2 = 4			

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 12  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
----------	-----	-----	--------	-----------	----------	----------	-----------------------

D_OBTNP2	110	2	MIPFMT				N How did MIP get Plan #2
				14,594			. Inapplicable
				4			-9 Not ascertained
				12			-8 Don't know
				1			-7 Refused
				888			1 Directly
				130			2 Main insured person's current employer
				641			3 Main insured person's prior employer
				35			4 Union
				4			5 Family business
				56			6 AARP
				59			7 Deceased spouse's employer
				4			8 Deceased spouse's union
				20			9 Fraternal/professional organization
				13			91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL2 = 4

D_INDUS2	112	2	\$IND2COD				C Industry of employer - Plan #2
				14,594			Inapplicable
				1,048			-9 Not ascertained
				819			A-99 Industry classification code

NOTE: Applies only if D\_OBTNP2 = 2, 3, 5, or 8

D_PLLTR2	114	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #2
				15,513			Missing
				9			-8 Don't know
				397			-9 Not ascertained
				59			A-98 Plan letter
				483			99 SP reports plan does not have a letter

NOTES: Applies only if INTERVU = C, D\_TYPPL2 = 4, and D\_OBTNP2 = 1, 5, or 6  
First available in 2000

D_TYPPL3	116	2	PLANFMT		HI17		N Type of plan - Plan #3
				16,120			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				341			4 Private plan
				0			5 Medicare HMO

NOTE: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 2 plans.

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 13  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_PHREL3	118	2	RELFMT				N Policy holder relationship - Plan #3
				16,123			. Inapplicable
				0			-5 Never ask again
				249			1 Sample Person
				88			2 Spouse
				1			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses' aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_COVNM3	120	2	COVGFM				N # of family members covered by Plan #3
				16,123			. Inapplicable
				1			-8 Don't know
				337			1-15 Number reported covered

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_COVRX3	122	2	YES1FMT				N Plan #3 covers prescribed medicines?
				16,123			. Inapplicable
				6			-8 Don't know
				122			1 Yes
				210			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_COVNH3	124	2	YES1FMT				N Plan #3 covers stay in nursing home?
				16,123			. Inapplicable
				21			-8 Don't know
				1			-7 Refused
				59			1 Yes
				257			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 14  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_PAYSP3	126	2	YES1FMT				N MIP pay any/all cost for Plan #3
				16,123			. Inapplicable
				4			-8 Don't know
				1			-7 Refused
				180			1 Yes
				153			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_ANAMT3	128	7	PREM_F				N Premium MIP pays for Plan #3-Annualized
				16,281			. Inapplicable
				42			-8 Dont Know
				24		0-100	\$100 or less
				50		100.01-500	\$101-\$500
				19		500.01-1000	\$501-\$1000
				17		1000.01-1500	\$1001-\$1500
				10		1500.01-2000	\$1501-\$2000
				7		2000.01-2500	\$2001-\$2500
				2		2500.01-3000	\$2501-\$3000
				1		3000.01-3500	\$3001-\$3500
				2		3500.01-4000	\$3501-\$4000
				2		4000.01-4500	\$4001-\$4500
				1		4500.01-5000	\$4501-\$5000
				3		5000.01-99999	Over \$5000

NOTE: Applies only if D\_PAYSP3 = 1

D_HMOPL3	135	2	YES1FMT		HI25		N Is Plan #3 an HMO
				16,123			. Inapplicable
				2			-9 Not ascertained
				6			-8 Don't know
				11			1 Yes
				319			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

D_OBTNP3	137	2	MIPFMT				N How did MIP get Plan #3
				16,123			. Inapplicable
				1			-8 Don't know
				1			-7 Refused
				106			1 Directly
				24			2 Main insured person's current employer
				168			3 Main insured person's prior employer
				12			4 Union
				1			5 Family business
				7			6 AARP
				8			7 Deceased spouse's employer
				1			8 Deceased spouse's union
				7			9 Fraternal/professional organization
				2			91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL3 = 4

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 15  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_INDUS3	139	2	\$IND2COD				C Industry of employer - Plan #3
				16,123			Inapplicable
				149			-9 Not ascertained
				189			A-99 Industry classification code
							NOTE: Applies only if D_OBTNP3 = 2, 3, 5, or 8
D_PLLTR3	141	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #3
				16,347			Missing
				52			-9 Not ascertained
				2			A-98 Plan letter
				60			99 SP reports plan does not have a letter
							NOTES: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6 First available in 2000
D_TYPPL4	143	2	PLANFMT		HI17		N Type of plan - Plan #4
				16,404			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				57			4 Private plan
				0			5 Medicare HMO
							NOTE: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.
D_PHREL4	145	2	REL FMT				N Policy holder relationship - Plan #4
				16,405			. Inapplicable
				0			-5 Never ask again
				33			1 Sample Person
				23			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses' aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							NOTE: Applies only if INTERVU = C and D TYPPL4 = 4

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_COVNM4	147	2	COVGfmt				N # of family members covered by Plan #4
				16,405			. Inapplicable
				56			1-15 Number reported covered
							NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVRX4	149	2	YES1fmt				N Plan #4 covers prescribed medicines?
				16,405			. Inapplicable
				1			-8 Don't know
				19			1 Yes
				36			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4
D_COVNH4	151	2	YES1fmt				N Plan #4 covers stay in nursing home?
				16,405			. Inapplicable
				2			-8 Don't know
				8			1 Yes
				46			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4
D_PAYSP4	153	2	YES1fmt				N MIP pay any/all cost for Plan #4
				16,405			. Inapplicable
				2			-8 Don't know
				23			1 Yes
				31			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4
D_ANAMT4	155	7	PREM_F				N Premium MIP pays for Plan #4-Annualized
				16,438			. Inapplicable
				6			-8 Dont Know
				0		0-100	\$100 or less
				5		100.01-500	\$101-\$500
				6		500.01-1000	\$501-\$1000
				2		1000.01-1500	\$1001-\$1500
				1		1500.01-2000	\$1501-\$2000
				1		2000.01-2500	\$2001-\$2500
				1		2500.01-3000	\$2501-\$3000
				1		3000.01-3500	\$3001-\$3500
				0		3500.01-4000	\$3501-\$4000
				0		4000.01-4500	\$4001-\$4500
				0		4500.01-5000	\$4501-\$5000
				0		5000.01-99999	Over \$5000
							NOTE: Applies only if D_PAYSP4 = 1
D_HMOPL4	162	2	YES1fmt		HI25		N Is Plan #4 an HMO
				16,405			. Inapplicable
				0			1 Yes
				56			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4



11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 17  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_OBTNP4	164	2	MIPFMT				N How did MIP get Plan #4
				16,405			. Inapplicable
				14			1 Directly
				4			2 Main insured person's current employer
				35			3 Main insured person's prior employer
				2			4 Union
				0			5 Family business
				0			6 AARP
				0			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				1			9 Fraternal/professional organization
				0			91 Other
							NOTE: Applies only if INTERVU = C and D_TYPPL4 = 4
D_INDUS4	166	2	\$IND2COD				C Industry of employer - Plan #4
				16,405			Inapplicable
				21			-9 Not ascertained
				35			A-99 Industry classification code
							NOTE: Applies only if D_OBTNP4 = 2, 3, 5, or 8
D_PLLTR4	168	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #4
				16,447			Missing
				7			-9 Not ascertained
				1			A-98 Plan letter
				6			99 SP reports plan does not have a letter
							NOTES: Applies only if INTERVU = C, D_TYPPL4 = 4, and D_OBTNP4 = 1, 5, or 6 First available in 2000
D_TYPPL5	170	2	PLANFMT		HI17		N Type of plan - Plan #5
				16,455			. Inapplicable
				0			1 Medicare
				0			2 Medicaid
				0			3 Public plan
				6			4 Private plan
				0			5 Medicare HMO
							NOTE: Applies only if D PRIVAT is not equal to 0 and SP has more than 4 plans.

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
D_PHREL5	172	2	RELFMT				N Policy holder relationship - Plan #5
				16,455			. Inapplicable
				0			-5 Never ask again
				4			1 Sample Person
				2			2 Spouse
				0			3 Son
				0			4 Daughter
				0			5 Brother
				0			6 Sister
				0			7 Father
				0			8 Mother
				0			9 Son-in-law
				0			10 Daughter-in-law
				0			11 Grandson
				0			12 Granddaughter
				0			13 Nephew
				0			14 Niece
				0			50 Partner/roommate
				0			51 Friend/neighbor
				0			52 Boarder
				0			53 Nurse/nurses' aide
				0			54 Legal/financial officer
				0			55 Guardian
				0			91 Other relative
				0			92 Other non-relative
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNM5	174	2	COVGFM				N # of family members covered by Plan #5
				16,455			. Inapplicable
				6			1-15 Number reported covered
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVRX5	176	2	YES1FMT				N Plan #5 covers prescribed medicines?
				16,455			. Inapplicable
				3			1 Yes
				3			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_COVNH5	178	2	YES1FMT				N Plan #5 covers stay in nursing home?
				16,455			. Inapplicable
				0			1 Yes
				6			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4
D_PAYSP5	180	2	YES1FMT				N MIP pay any/all cost for Plan #5
				16,455			. Inapplicable
				1			1 Yes
				5			2 No
							NOTE: Applies only if INTERVU = C and D_TYPPL5 = 4

11/18/02  
ACCESS  
2001

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 19  
Version: 1

Variable	Col	Len	Format	Frequency	ComQues#	FacQues#	Variable Type & Label
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D_ANAMT5	182	7	PREM_F				N Premium MIP pays for Plan #5-Annualized
				16,460			. Inapplicable
				0			0-100 \$100 or less
				1			100.01-500 \$101-\$500
				0			500.01-1000 \$501-\$1000
				0			1000.01-1500 \$1001-\$1500
				0			1500.01-2000 \$1501-\$2000
				0			2000.01-2500 \$2001-\$2500
				0			2500.01-3000 \$2501-\$3000
				0			3000.01-3500 \$3001-\$3500
				0			3500.01-4000 \$3501-\$4000
				0			4000.01-4500 \$4001-\$4500
				0			4500.01-5000 \$4501-\$5000
				0			5000.01-99999 Over \$5000

NOTE: Applies only if D\_PAYSP5 = 1

D_HMOPL5	189	2	YES1FMT		HI25		N Is Plan #5 an HMO
				16,455			. Inapplicable
				0			1 Yes
				6			2 No

NOTE: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_OBTNP5	191	2	MIPFMT				N How did MIP get Plan #5
				16,455			. Inapplicable
				0			1 Directly
				0			2 Main insured person's current employer
				5			3 Main insured person's prior employer
				0			4 Union
				0			5 Family business
				0			6 AARP
				1			7 Deceased spouse's employer
				0			8 Deceased spouse's union
				0			9 Fraternal/professional organization
				0			91 Other

NOTE: Applies only if INTERVU = C and D\_TYPPL5 = 4

D_INDUS5	193	2	\$IND2COD				C Industry of employer - Plan #5
				16,455			Inapplicable
				2			-9 Not ascertained
				4			A-99 Industry classification code

NOTE: Applies only if D\_OBTNP5 = 2, 3, 5, or 8

D_PLLTRS	195	2	\$PLN2LTR				C Medicare suppl./Medigap plan letter #5
				16,461			Missing
				0			A-98 Plan letter
				0			99 SP reports plan does not have a letter

NOTES: Applies only if INTERVU = C, D\_TYPPL5 = 4, and D\_OBTNP5 = 1, 5, or 6  
First available in 2000